

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number 1080 573	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						51
2		1					52
3		1					53
4		1					54
5		1					55
6		1					56
7		1					57
8		1					58
9		1					59
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11		1					61
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36	1						86
37		1					87
38		1					88
39		1					89
40		1					90
41		1					91
42		1					92
43		1					93
44		1					94
45		1					95
46		1					96
47		1					97
48		1					98
49		1					99
50		1					100
Total Indep							Total Indep
Total Depend							Total Depend
Total Claims							Total Claims